FILING DATE SERIAL NO. APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED DEP. DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. IND. $(\underline{\mu})$ LAPPE U (1) TOTAL IND. TOTAL IND. _1 _1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMS

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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